

FILED DEC 6 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38143**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **132**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 208 E. Hickory St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 E. Hickory St.			

3. NAME OF DECEASED (Type or Print) a. (First) C. b. (Middle) GUY c. (Last) CALL		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26. 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 11. 1880
9. AGE (In years last birthday) Months Days 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER	
11. BIRTHPLACE (City and State or Foreign Country) Neosho County KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME EDMUND D. CALL	13b. MOTHER'S MAIDEN NAME CORDELIA BANKS	14. NAME OF HUSBAND OR WIFE LENORA CALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NONE	16. SOCIAL SECURITY NO. 500-01-2379	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LENORA CALL. NEOSHO MISSOURI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) An atherosclerotic carcinoma		
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. osteoarthritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2600 X M	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **Nov. 26, 1954**, that I last saw the deceased alive on **Nov. 26, 1954**, and that death occurred at **2:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Maness MD.	23b. ADDRESS Neosho, Mo.	23c. DATE SIGNED 11-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-29-1954	24c. NAME OF CEMETERY OR CREMATORY ALTAMONT
24d. LOCATION (City, town, or county) (State) ALTAMONT KANSAS	DATE REC'D BY LOCAL REG. 11-29-54	
REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Wesley Thompson Jr.	ADDRESS Neosho Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1254-250

Date Filed DEC 3 1954

JAN 12 1955

MAR 21 1955
NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Ray R Adams

Licensed Embalmer No. 4928

P. O. Address Neosho, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.